



The ADAP Watch

As of January 17, 2007, a total of 558 individuals were on AIDS Drug Assistance Program (ADAP) waiting lists in four states. In addition, six ADAPs have implemented other cost-containment measures in the ten months since the 2006 ADAP fiscal year began. Two ADAPs anticipate the need to implement new or additional cost-containment measures during the current ADAP fiscal year which ends March 31, 2007.

In the absence of sufficient federal funding that would enable ADAPs to meet the growing demand for Highly Active Antiretroviral Therapy (HAART) and other HIV-related medications, ADAPs have been forced to limit access to medications by instituting waiting lists and other cost-containment measures. Of the four states with ADAP waiting lists, two have had them for nearly two years. A third state has been forced to reduce its ADAP formulary in addition to maintaining an extensive and growing waiting list. The fourth state has recently instituted its waiting list and anticipates the need for other cost-containment strategies prior to the end of the ADAP fiscal year on March 31, 2007.

The House recently passed the "Revised Continuing Appropriations Resolution, 2007" (HJ Res 20). No additional funding was included for ADAP in the funding resolution, which, on top of an inadequate \$2 million increase in FY2006, leaves the program lagging far behind its historical growth. The Title II base (Part B of the CARE Act), however, received an increase of \$75 million. States are allowed to utilize Title II base funding for ADAP expenditures. The inclusion of this increase was necessary to ensure states are not unduly harmed under the "*Ryan White HIV/AIDS Treatment Modernization Act*," signed into law by President Bush on December 19, 2006. The Senate is to vote on the funding measure in the very near future.

ADAP traditionally grows at a rate of \$100 million annually and with no additional funding in the FY2007 funding resolution, ADAPs will likely be unable to expand programs to include individuals who know their HIV status but are not receiving HAART. The estimated need for ADAP exceeds FY2006 funding levels by \$197 million. Without substantial financial support, waiting lists and other cost-containment measures will continue to be a permanent feature of this critical program.

ADAPs provide life-saving HIV treatments to low income, uninsured, and underinsured individuals living with HIV/AIDS in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and Guam. Since the advent of highly active antiretroviral therapy (HAART) in 1996, AIDS deaths have declined and the number of people living with HIV/AIDS has markedly increased. ADAPs have played a critical role in making HAART more widely available.



ADAPs with Waiting Lists
(558 individuals, as of January 17, 2007)

Alaska: 16 on waiting list
Montana: 22 on waiting list
Puerto Rico: 126 on waiting list
South Carolina: 394 on waiting list

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2006)

Alabama: Capped enrollment
Indiana: Capped enrollment
Michigan: Formulary management
Oklahoma: Annual per capita expenditure limit
Puerto Rico: Capped enrollment
South Carolina: Reduced formulary

*Seven ADAPs have capped enrollment for Fuzeon access and seven states do not include the drug on their formularies (39 ADAPs reporting);
Two states have capped enrollment for Aptivus access and six states do not include the drug on their formularies (39 ADAPs reporting).*

ADAPs Anticipating New/Additional Cost-containment Measures (before March 31, 2007*)

Louisiana
Puerto Rico

** March 31, 2007 is the end of ADAP FY 2006. ADAP fiscal years begin April 1 and end March 31.*